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APPLICANTS

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**** CONTINUING DATA *******
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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>dm</i> Examiner's Signature Initials	STATE OR COUNTRY ITALY	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
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TITLE
 Support system for a treatment apparatus

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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